



Sundance
Preschool
1844 114th Ave NE
Bellevue, WA 98004

Sundance
Infant Center
1836 114th Ave NE
Bellevue, WA 98004

Sundance
Preschool & Kindergarten
537 102nd Ave SE
Bellevue, WA 98005

ADMISSION FORM

Child's Name _____ Nickname _____

Date of Birth _____ Sex _____ Age _____

Child Resides with (circle one): Mother Father Both Parents
Other (name): _____

Mother's Name _____

Work Phone # _____ Occupation _____

Email Address _____

Employer _____

Work Days and Hours _____

Home Address _____

City _____ Zipcode _____

Home Phone # _____ Cell # _____

Father's Name _____

Work Phone # _____ Occupation _____

Email Address _____

Employer _____

Work Days and Hours _____

Home Address _____

City _____ Zipcode _____

Home Phone # _____ Cell # _____

Child's Name _____

| Child's Weekly Schedule | In | Out | Hours |
|-------------------------|-------|-------|-------|
| Monday | _____ | _____ | _____ |
| Tuesday | _____ | _____ | _____ |
| Wednesday | _____ | _____ | _____ |
| Thursday | _____ | _____ | _____ |
| Friday | _____ | _____ | _____ |

Monthly Tuition _____ Start Date _____

Parent / Guardian Signature _____

Today's Date _____

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It is a requirement that you inform us promptly of any change in this information.

PERSONS AUTHOURIZED TO TAKE CHILD FROM SUNDANCE PRESCHOOL:

| Name | Address | Relationship | Home # | Work # |
|----------|---------|--------------|--------|--------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |

PERSONS WHO MAY NOT TAKE CHILD FROM THE SCHOOL:

NOTE: Written or phone notification by parent or guardian MUST be given if someone other than the above listed persons is to pick up the child.

I authorize Sundance Preschool to provide care for my child. I certify that the information provided in this application is correct to the best of my knowledge. I hereby grant permission to Sundance Preschool to seek medical attention for my child (name) _____ in the event such treatment is deemed necessary and I am unable to be contacted. I further consent to medical or surgical treatment by any licensed physician and/or hospital and further consent to administration of necessary anesthetics, medical treatments, tests, transfusions, injections or drugs and the performing of whatever operation may be deemed necessary or advisable during his/her stay at the hospital.

Signature of Parent or Guardian _____ Date _____

Child's Name _____



MEDICAL INFORMATION

Child's Physician _____

Physician's Phone Number _____

Date of last tetanus or DTP Immunization _____

Date of last Physical Exam _____

Does your child have any allergies? _____

If yes, please list _____

Child's Dentist _____

Dentist Phone Number _____

SUNDANCE POLICIES HANDBOOK

Please initial and date after reading the following:

Parent Handbook _____

Pesticide Policy _____

Blood borne Pathogens _____

Crisis Disaster Plan _____

Health Policy _____

Child's Name _____



PERMISSION FORMS

Field Trips: Spontaneous Walks

I give permission to Sundance Preschool to take my child on supervised walking excursions.

*Signature of Parent or Guardian Date

Field Trips: Transportation by Vehicle

I give permission to Sundance Preschool to take my child on supervised excursions where transportation is provided.

*Signature of Parent or Guardian Date

Photographs

I give permission to Sundance Preschool to take photographs of my child and use them for publicity if they so desire.

*Signature of Parent or Guardian Date

Medical Emergency

I authorize Sundance Preschool to take whatever emergency medical measures are deemed necessary for the care and protection of my child. I understand this may involve transporting my child to a doctor or hospital or contacting 911-medical transportation service.

*Signature of Parent or Guardian Date

Confidentiality

I give Sundance Preschool permission to release information from my child's file to my physician or other professional sources and to obtain information from my physician or other professional sources. I understand that I will be advised before such contact is made and that this information will be kept in strict confidence.

*Signature of Parent or Guardian Date

Grievances

I will communicate my grievances honestly and directly to those involved.

*Signature of Parent or Guardian Date

Child's Name _____



POLICIES AND PROCEDURES

In order to assure that parents clearly understand the policies and procedures of Sundance Preschool, we ask you to read and initial each of the following:

I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS:

PAYMENT PROVISIONS

_____ 1. A non-refundable Registration Fee of \$75 per child enrolled or \$100 per family enrolled is payable at the time of enrollment.

_____ 2. All tuition payment are due in advance on the 4th of every month. A \$25 Late Payment Fee will be added to Student's account not paid in full by the fourth of every month. Late charges are assessed at closing on the 4th. Enrollment suspension will be become effective fifteen (15) days after the account has become delinquent and any balance due after this date will accrue interest at the rate of 1.5 percent per month. If collection action is initiated a service charge will be assessed.

_____ 3. There is no reduction of tuition for absences due to sickness, vacation, holidays, public school closures or school closures due to inclement weather. PLEASE NOTE: The school will close for inclement weather only in the most extreme weather conditions when the safety of the children is considered to be at risk. Sundance follows the Bellevue School District closures for inclement weather.

_____ 4. A charge of \$1 per MINUTE for late pick-up will be added to the Student's account for each additional minute the child stays beyond the School's 6:00 closing time.

_____ 5. A \$35 NSF fee will be charged to Student's account when checks are returned NSF.

_____ 6. A WRITTEN ONE-MONTH ADVANCE NOTICE must be given prior to withdrawal. Parents are REQUIRED to pay for this month regardless of when the child leaves the School.

_____ 7. A WRITTEN ONE MONTH ADVANCE NOTICE must be given prior to any changes in the child's schedule.

_____ 8. Infant Enrollment: A registration fee and one month tuition will be due at the time of enrollment. If child does not enroll at registered time, one month advance notice is required to receive a one month tuition reimbursement.

Child's Name _____



ADDITIONAL INFORMATION

Start Date _____ Class _____

Has your child been involved in a center or preschool experience previously? If yes, where did your child attend?

Does your child have any special needs? (Allergies, diet, nap, etc.)

Does your child take medication daily? If yes, please explain:

Are there any special problems or concerns about your child's health or behavior?

What are your child's interests? Does he/she like are? Animals? Sports?
